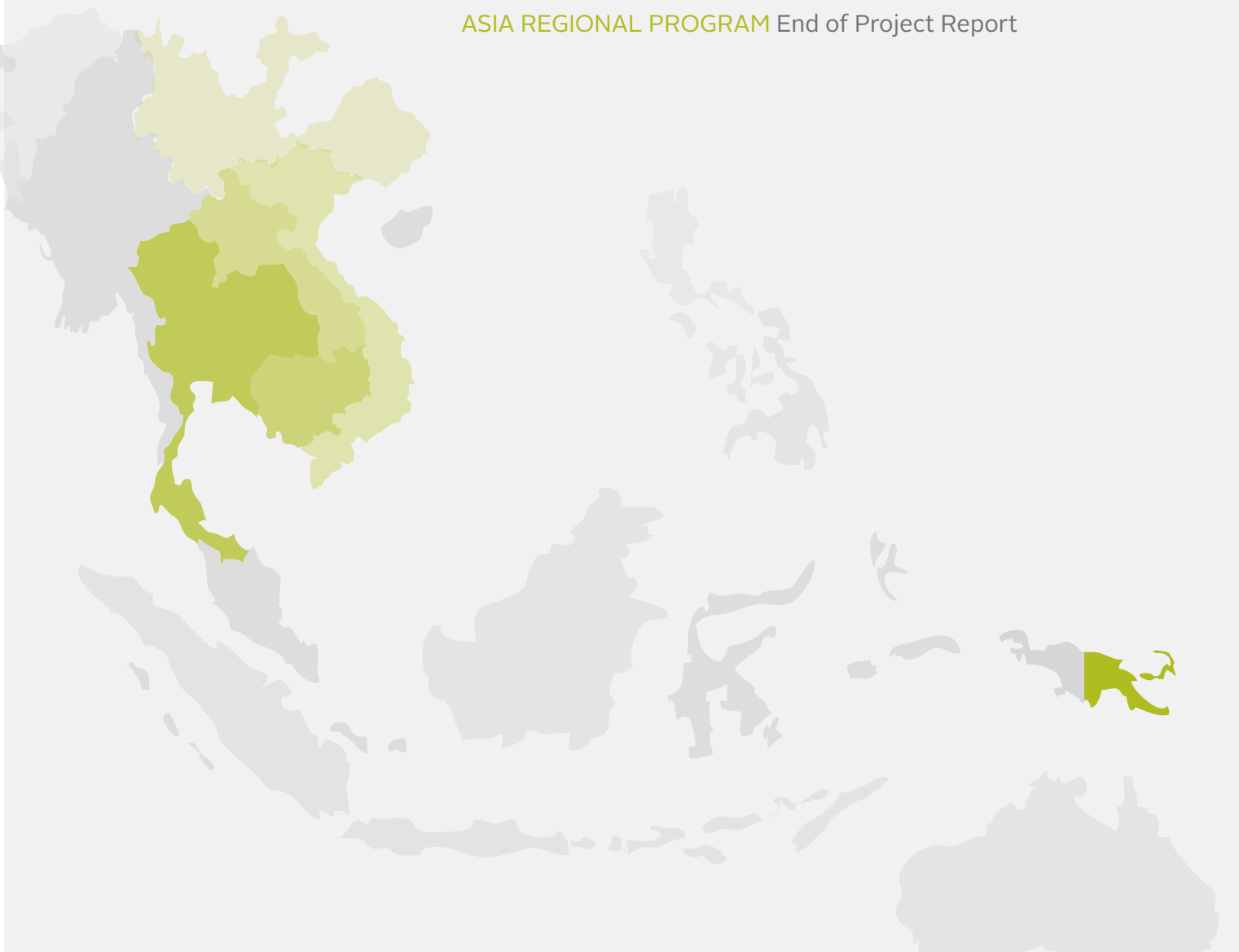


# TECHNICAL SUPPORT FOR HIV/AIDS PREVENTION, CARE AND TREATMENT PROJECT

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*Summary of achievements and lessons learned from  
a five-year experience in a multi-country and regional  
project in the Asia Pacific*

ASIA REGIONAL PROGRAM End of Project Report



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# CONTENTS

- Acknowledgements	5
- Executive Summary	6
- Regional context and epidemiology	8
<b>USAID/FHI 360 Program Strategy</b>	10
- Working with Local Partners	
- Building Capacity through Technical Assistance	
- Tools Development	
<b>Summary of Project Achievements</b>	13
<b>1. Strategic Information made more Available and Useful</b>	14
- Bridging the 'Evidence-Policy Divide' through Integrated Analysis and Advocacy	
- Linking Research to Practice: The HIV Counseling and Testing Demonstration Project	
- Supporting National HIV Surveillance Systems: Second Generation Surveillance in Laos	
- Technical Assistance on Monitoring and Evaluation to Cooperating Agencies in Burma	
- Driving the Regional Strategic Information Agenda	
- Strategic Information Tools and Methodology Development	
- Continued Challenges and Recommendations for Further Action	
<b>2. Access to Comprehensive Prevention Interventions for MARPs Increased</b>	23
- Innovative MSM and TG Friendly HCT Service Models with Rapid HIV Testing and Same Day Results	
- Improving STI-related services for MARPs in Laos, Thailand and Burma	
- Continued Challenges and Recommendations for Further Action	
<b>3. Access to Care, Support and Treatment for PLHIV and their Families Increased</b>	29
- Support for Treatment and Care needs of IDUs	
- The Asia Regional Consultation on HIV Care and Support for MSM	
- Addressing the HIV Prevention Needs of those Living with HIV: The Prevention in Care Resource Package	
- Technical Assistance to USG Partners in Burma	
- Continued Challenges and Recommendations	
<b>4. Enabling Environment Strengthened for Improved HIV/AIDS Services</b>	33
- Support to Sub-regional MSM and TG Networks: The Purple Sky Network	
- City-level Mobilization to Address Local MSM and TG HIV epidemics: The MSM/TG Multi-City HIV Initiative	
- Integrating MSM and TG-related HIV Programming into Local Government HIV Planning: Strategic Planning Support to the BMA	
- Technical Leadership and Participation in Global and Regional Fora	
- Continued Challenges and Recommendations for Further Action	
<b>5. Effectiveness of USG-supported Programs Enhanced by Leveraging with other Donor Resources</b>	39
<b>Conclusion and Lessons Learned</b>	40
<b>Appendices</b>	
- Appendix 1: Regional Program Implementing Agencies and funding by fiscal year	41

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## ACRONYMS

A <sup>2</sup>	Integrated Analysis and Advocacy Project
ADB	Asian Development Bank
AEM	Asian Epidemic Model
AFAO	Australian Federal of AIDS Organizations
Alliance	International HIV/AIDS Alliance
amfAR	American Foundation for AIDS Research
ART	Anti-retroviral therapy
ASEAN	Association for Southeast Asian Nations
BLQS	Bureau of Laboratory Quality Standard
BMA	Bangkok Metropolitan Administration
BSS	Behavioral surveillance survey
CHBC	Community home-based care
USG	United States Government
CDC	U.S. Centers for Diseases Control and Prevention
CHAS	Lao PDR Centre for HIV/AIDS/STI
CAs	Cooperating agencies
CBOs	Community based organizations
CoC	Continuum of care
CLDP	Community Leadership Development Program
DOD	U.S. Department of Defense
DOL	U.S. Department of Labor
DQA	Data quality assurance
DiCs	Drop-in centers
EQAS	External quality assurance system
EWC	East-West Center
FSW	Female sex worker
GMS	Greater Mekong Sub-region
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV counseling and testing
HELP	Health Empowerment for Living Positively
HHS	U.S. Department of Health and Human Services
HON	Health Opportunity Network
HPI	Health Policy Initiative
IAC	International AIDS Conference
IBBS	HIV/STI integrated biological and behavioral surveillance
IDUs	Injecting drug users
Lao PDR	Lao People's Democratic Republic
MARP	Most at risk population
M&E	Monitoring and evaluation
MoPH	Ministry of Public Health
MPS	Minimum package of services
MSM	Men who have sex with men
NRCT	National Research Council of Thailand
OVC	Orphans and vulnerable children

PCCA	Provincial Committees for the Control of AIDS
PCM	Provincial Coordinating Mechanism
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	Person living with HIV/AIDS /People living with HIV/AIDS
PRI	Policy Research and Development Institute Foundation
PRISM	PSN regional information system on MSM
PSI	Population Services International
PSN	Purple Sky Network
QA	Quality assurance
QI	Quality improvement
RCC	Rolling Continuation Channel
RCS	Regional Coordinating Secretariat
RETA	Resource Estimation Tool for Advocacy
RTG	Royal Thai Government
RTI	Research Triangle Institute
SBCC	Strategic behavior change communication
SEARO	WHO/Southeast Asia Regional Office
SOP	Standard operating procedures
STI	Sexually transmitted infection
SW	Sex worker
TG	Transgender
TRC	Thai Red Cross
TWGs	Technical working groups
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USCDC/GAP	U.S. Centers for Disease Control and Prevention/Global AIDS Program
USCDC/TUC	U.S. Centers for Disease Control and Prevention/Thai-US Collaboration
USG	United States Government
VCT	Voluntary counseling and testing
WHO	World Health Organization

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# ACKNOWLEDGEMENTS

We would like to extend our deepest thanks to the partners that supported the development and implementation of the regional program and its activities. Our partners in moving the regional program strategy forward include international organizations, multilateral organizations, non-governmental organizations and other USG agencies and cooperating agencies: Pact, Research Triangle Institute (RTI), Health Policy Initiative (HPI), Population Services International (PSI), American Foundation for AIDS Research (amfAR), US Centers for Diseases Control and Prevention (CDC), East West Center (EWC), the Thai Red Cross Society (TRC), the World Health Organization (WHO), United Nations Development Program (UNDP), United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Association for Southeast Asian Nations (ASEAN).

This program would not have been possible without the close collaboration with and engagement from regional and subregional networks such as the Asia Pacific Network of Positive People (APN+), Asia Pacific Coalition on Male Sexual Health (APCOM), Purple Sky Network (PSN) and the Coalition of Asia Pacific Regional Networks on HIV/AIDS Foundation (7 Sisters). We would especially like to acknowledge the partnerships with the government bodies in the countries in which regional program activities were implemented: the Thai Ministry of Public Health and Bureau of AIDS, TB, and STIs (BATS), the Bangkok Metropolitan Administration (BMA), the Laos Centre for HIV/AIDS/STI (CHAS) and Provincial Committees for the Control of AIDS (PCCAs), and the Hong Kong Department of Health.

And finally, the vision, guidance and support provided by the USAID Regional Development Mission Asia have been invaluable to shaping the program over the life of the project and to its successes.

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# EXECUTIVE SUMMARY

Risk factors for HIV infection are similar across the South-East Asia Region, though HIV prevalence and incidence vary widely. The epidemic is concentrated among specific sub-populations - usually most-at-risk populations (MARPs) including men who have sex with men (MSM), injecting drug users (IDUs) and male and female sex workers (SWs) - in specific geographic “hotspots” such as in large urban areas and along land and sea borders. Contextual factors that add to vulnerability and increase the potential to spread infection from one hotspot to another in the region include high mobility patterns, drug trafficking, poverty, and high-risk behaviors such as multiple and concurrent sexual partnerships and unprotected anal and vaginal sex.

The USAID Regional Development Mission Asia (RDMA) awarded FHI 360 the five-year (2007-2012) Technical Support for HIV/AIDS Prevention, Care and Treatment project (hereafter referred to as the RDMA Project) to be coordinated by the FHI 360 Asia Pacific Regional Office and implemented in the region and in four countries. The countries included China (Yunnan and Guangxi provinces), Lao People’s Democratic Republic, Thailand and Papua New Guinea. Under the Regional Program, FHI 360 supported the USAID/RDMA strategy to design, test, and replicate high-quality technical models for HIV/AIDS prevention, care, and treatment for MARPs. This report highlights the major achievements of the project’s Regional Program.

The Regional Program’s goal was to prevent HIV transmission between MARPs, and to mitigate its impact on people living with HIV (PLHIV) and their partners and families, by:

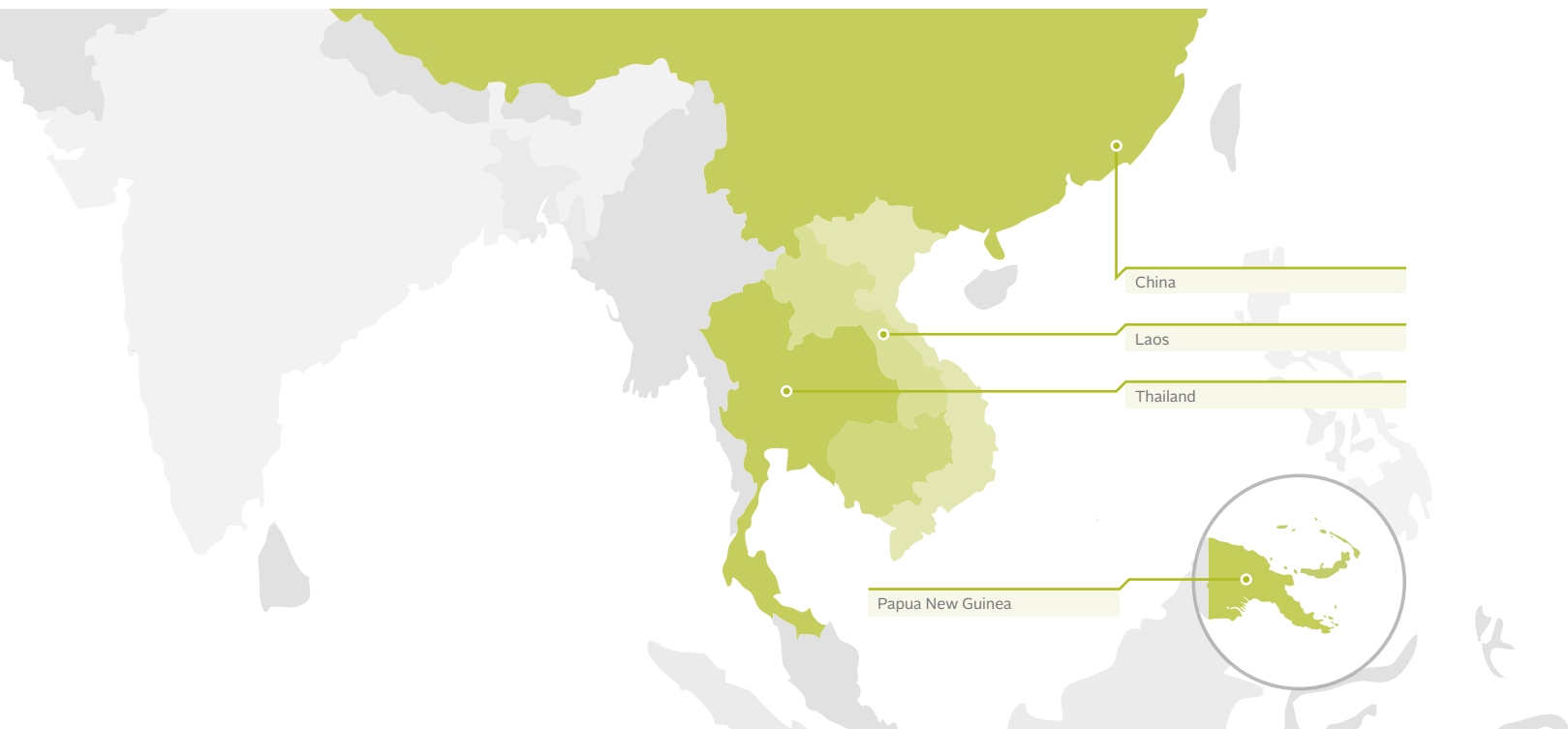
1. encouraging availability and utilization of high-quality epidemic data for program planning and resource allocation;
2. increasing access to comprehensive prevention interventions for MARPs and PLHIV;
3. facilitating access to care, support and treatment for PLHIV; and
4. strengthening an enabling environment through multi-stakeholder participation and the creation of supportive policies and regulations.

In order to ensure access to and utilization of accurate data for HIV programming and resource allocation, FHI 360 built the capacity of local and national partners to collect, manage, analyze and use HIV-related epidemiological and program data. This was achieved through the development of data analysis tools and methodologies, implementation of operations research, direct linkage of data analysis with policy and program development processes and the provision of technical support on monitoring and evaluation and HIV-related surveillance.

The Regional Program has increased the access of MARPs to quality prevention, HCT and care and support services at both facility and community levels, through piloting HIV rapid testing and same day results, STI-related technical support, the development of 'Positive Prevention' tools and convening key regional partners to discuss and address critical regional MARP care and support needs. The Regional Program has also worked to promote regional coordination and linkages, develop the capacity of subregional MARPs networks, share implementation experience and advocate for issues affecting MARPs in the region, in particular MSM and TG populations.



## REGIONAL CONTEXT AND EPIDEMIOLOGY



HIV/AIDS prevalence and incidence vary widely across the region with generalized epidemics in Cambodia and Thailand and low levels of prevalence in China and Lao PDR. Risk factors for infection, however, are similar across the region, with concentrated epidemics occurring among most-at-risk populations – including MSM in Thailand and China, and IDUs and sex workers in China and Vietnam – in specific high prevalence geographic “hotspots” including in large urban areas and along land and sea borders. Contextual factors that add to vulnerability and increase the potential to spread infection from one hotspot to another in the region include high mobility patterns, drug trafficking, poverty, and high-risk behaviors such as multiple and concurrent sexual partnerships and unprotected anal and vaginal sex.

High levels of stigma and discrimination mean that MARPs are often difficult to identify and reach, posing a significant challenge for the design, implementation, and effective evaluation of HIV/AIDS intervention projects in the region. Furthermore political commitment to invest in MARP-focused comprehensive HIV prevention, treatment and care services remains weak. Although governments in the region are attempting to implement and scale-up prevention interventions and access to antiretroviral treatment (ART), available resources are limited and strained and funding national responses remains a major challenge. Moreover, local communities, civil society organizations and government agencies across the region often lack the required capacity to effectively manage interventions.

Finally, even where MARPs interventions do exist, uptake of services such as counseling and testing remains low for a variety of reasons. Many MARPs perceive themselves to be at little or no risk of HIV infection, and there has been insufficient promotion of the benefits of HCT and ART among these populations. HIV counseling and testing is a key entry point into treatment and support services for PLHIV; low uptake of HCT is, therefore, a major barrier to early case detection and to implementation of ‘test and treat’ strategies.

Any program combating the HIV/AIDS epidemic in the region must be proactive in offering targeted and strategic technical leadership at the regional level and leveraging external and domestic resources to support scale-up of the comprehensive package of services<sup>1</sup> (CPS) for MARPs. There is also a need for effective advocacy to change the thinking of senior national and provincial stakeholders and local practitioners regarding the national public health benefits of scaling-up targeted comprehensive HIV prevention, treatment and care services for MARPs to levels where they can be effective.

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<sup>1</sup> The CPS was originally conceptualized as a Minimum Package of Services (MPS) under USAID's Implementing AIDS Prevention and Care (IMPACT) Project (1998-2007) implemented by FHI 360 under Cooperative Agreement HRN-A-00-97-00017-00. This report will use CPS to remain consistent with the current USAID thinking regarding this model.

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# USAID/FHI 360 PROGRAM STRATEGY

The Technical Support for HIV/AIDS Prevention, Care and Treatment Project (hereafter referred to as the RDMA project) was a five-year, (2007–2012) USAID-funded project implemented by the FHI 360 Asia-Pacific Regional Office in the Asia region and in four countries: China (Yunnan and Guangxi provinces), Lao PDR, Thailand, and Papua New Guinea. The project designed, tested, and replicated high-quality technical models for HIV/AIDS prevention, care, and treatment with the goal of preventing HIV transmission between MARPs, and mitigating its impact on PLHIV and their partners and families. This report will highlight activities and achievements under the FHI 360 Regional Program; achievements under specific country programs will be discussed in the End of Project reports for those countries.

The RDMA regional project implemented four major strategic components:

1. improved collection and analysis of epidemiological and program monitoring data to produce usable information for decision makers in planning epidemic responses;
2. increased access to a comprehensive package of prevention interventions for MARPs and PLHIV;
3. strengthened access to care, support and treatment services for PLHIV and their families;
4. creation of an enabling environment that encouraged civil society participation in the epidemic response and promoted supportive policies and regulations.

Working extensively with local organizations to build their capacity to manage HIV/AIDS interventions and to develop and use appropriate tools is a key approach employed under the Regional Program.

### ***Working with Local Partners***

To implement the project, FHI 360 collaborated with USAID-funded Cooperating Agencies (CAs) as well as with the U.S. Centers for Disease Control and Prevention (CDC), international and bilateral donors, local non-government agencies and host country government agencies. These partnerships helped maximize support for the Purple Sky Network (PSN) and the PSN Regional Coordinating Secretariat (RCS) to develop and advocate for MSM programs, services and policies to effectively reduce HIV and STI transmission among MSM in the Greater Mekong Sub-region (GMS).

Under the RDMA project, FHI 360 worked with the Bangkok Metropolitan Administration (BMA), the Thai Red Cross (TRC), Provincial Health Offices and local community-based organizations (CBOs) to implement projects addressing key barriers to the uptake of HCT services by MSM in Thailand.

To increase understanding of, and responses to, the HIV/AIDS epidemic in the Asia Pacific region, the project supported the East-West Center and the newly established Policy Research and Development Institute Foundation (PRI) to conduct Integrated Analysis and Advocacy (A<sup>2</sup>) Project activities in the region, and promote data-driven HIV/AIDS advocacy efforts. FHI 360 also organized a regional meeting bringing together partners to discuss how to improve monitoring and evaluation of ART programs.

Finally, FHI 360, working with regional, national and local partners, hosted several fora on critical issues surrounding the successful implementation of MARPs interventions to facilitate sharing of regional and country experiences and lessons learned, and supported regional initiatives that complemented country-specific program goals. These included the first regional consultation on HIV/AIDS care and support for MSM in Bangkok, Thailand, and a city-level action planning initiative for six selected Asian cities in Hong Kong.

### ***Building Capacity through Technical Assistance***

A fundamental component of the RDMA strategy was to support host country governments' national HIV responses by building the capacity of government staff, local non-government organizations and individuals to provide high-quality, comprehensive HIV/AIDS services to MARPs.

Key technical assistance provided through FHI 360's Regional Program included mentorship, monitoring, regular site visits and formal training programs around:

- » HIV prevention and SBCC services for MARPs,
- » provision of HCT and STI diagnosis and treatment for MARPs,
- » laboratory services,
- » monitoring and evaluation (M&E), and
- » care, treatment and support for PLHIV.

FHI 360 also worked to strengthen the governance structure of PSN, and of country-level MSM working groups, to support advocacy, information sharing and quality improvement activities. Initially through a sub-agreement with the American Foundation for AIDS Research (amfAR) and then through a sub-agreement with the Coalition of Asia Pacific Regional Networks on HIV/AIDS, FHI 360 supported implementation of PSN's Community Leadership Development Program for MSM.

Finally, FHI 360 facilitated the documentation and sharing of experiences and lessons learned from MARP-focused programs across the region and supported regional initiatives that complemented country-specific program goals through the development, implementation, and evaluation of program models.

### **Tools Development**

As the principal HIV/AIDS technical assistance provider through the RDMA project, FHI 360 provided technical support for the development of numerous guidelines, standard operating procedures (SOPs), databases, curriculums, and models. These included improvements to the Asian Epidemic Model (AEM) and associated tools for policy analysis, guidelines on data triangulation program evaluation methodologies and a resource package that enabled clinical service providers working in HIV clinical settings to provide positive health and transmission risk reduction interventions to individuals living with HIV. They also included guidelines for implementers of initiatives that linked HIV-related analysis with advocacy efforts and SOPs the provision of HCT services in various settings.

FHI 360 also developed a number of tools in support of M&E technical assistance including data analysis tools, data quality assurance (DQA) processes and tools, site monitoring tools, and a laboratory external quality assurance system (EQAS) for HIV rapid testing.

# SUMMARY OF PROJECT ACHIEVEMENTS

<i>USAID indicator</i>	<i>Average total across life of project</i>
Number of individuals who received counseling and testing for HIV and received their test results	1385
Number of individuals trained in HIV counseling and testing	63
Number of local organization provided with technical assistance for HIV-related policy development	47
Number of people trained in behavior change communication: individuals, small groups, and/or large groups	19
Number of local organizations provided with technical assistance for strategic information	31
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	56
Number of people trained in HIV related stigma and discrimination	62
Number of local organization provided with technical assistance for HIV-related policy development	69

The achievements noted above are presented as averages rather than totals because the USAID indicators track unique individuals across a single year but may be duplicated from year to year; thus, these figures may not be summed across all years of project support. The averages presented above additionally do not reflect changes in project implementation (delays, site transitions etc.) which are described in the narrative, below.

# 1 STRATEGIC INFORMATION MADE MORE AVAILABLE AND USEFUL

Through the RDMA regional project, FHI 360 supported regional application of HIV/AIDS strategic information across countries in the region. FHI 360 staff built the capacity of local and national governments to collect, manage, analyze and use data for HIV programming and decision making. The project supported the collection and analysis of regional epidemiological data for the identification of HIV/AIDS trends and hotspots and for the engagement of key regional decision-making organizations in the development of advocacy strategies. Significant gains were made in the availability, completeness and quality of data in the region.

## ***Bridging the 'Evidence-Policy Divide' through Integrated Analysis and Advocacy***

Since its inception 2006<sup>2</sup>, the A<sup>2</sup> project has been successful in improving understanding of local HIV epidemics, building local capacity for data analysis and advocacy, influencing HIV strategic planning processes and achieving policy, program and resource allocation impacts. In Thailand A<sup>2</sup> supported the Ministry of Public Health in its development and adoption of a national HIV prevention goal, the allocation of funds by the National Health Security Office in support of this goal and the establishment of the Policy Research and Development Institute (PRI) AIDS Strategic Information Center (ASI) to support national and provincial HIV policy, programming and planning. In Vietnam, A<sup>2</sup> supported the adaptation of the National 'Nine Actions Plan' by the HCMC Provincial AIDS Committee (PAC), expanded interventions and resources for most-at-risk population prevention efforts and was expanded to three other provinces with further U.S. President's Emergency Plan for AIDS Relief funding. In Bangladesh, A<sup>2</sup> drove at-risk population size estimation efforts and supported scale-up of prevention efforts for at-risk populations. In China, A<sup>2</sup> projections led to modifications in Yunnan and Guangxi Province's Five Year Action Plan and budget for 2006-2010 and the approach, tools and capacities developed through A<sup>2</sup> implementation in these provinces were used in support of strategic planning in nine other provinces and as part of the national estimation and projection process by the State Council AIDS Working Committee Office and National CDC.

Between FY08 and FY10, the FHI 360 Regional Program provided continued support to A<sup>2</sup> country teams comprised of government and non-government partners in Bangladesh, Thailand, Vietnam and China (Yunnan and Guangxi provinces) with HIV epidemic modeling,

<sup>2</sup> Under the previous USAID Cooperative Agreement (HRN-A-00-97-00017-00)



Training on A<sup>2</sup> epidemic and policy analysis tools in Bangkok, Thailand in 2010



The A<sup>2</sup> Guidelines developed and disseminated to provide support to implementers linking HIV-related data analysis with advocacy efforts

data analysis and advocacy activities. This included the delivery of regional or in-country trainings and ongoing support to A<sup>2</sup> teams on data analysis, AEM modeling and their use of AEM and A<sup>2</sup> tools.

The regional program directly supported advocacy efforts and the dissemination of A<sup>2</sup> findings and approaches through satellite sessions and abstract presentations at key regional or international fora (e.g. IAC 2008) and the development of the 'A<sup>2</sup> Guidelines and CD', a complete documentation of the A<sup>2</sup> tools, process and achievements.

### **Linking Research to Practice: The HIV Counseling and Testing Demonstration Project**

In response to high HIV prevalence, poor coverage and uptake of HIV counseling and testing services and low rates of return for results amongst MSM and TG populations, the regional program developed and implemented the HIV Counseling and Testing (HCT) Demonstration Project in Bangkok in FY08 and FY09.

This operational research project was launched to increase uptake of HCT among MSM at two clinics; the Thai Red Cross (TRC) Anonymous Clinic and the Bangkok Metropolitan Administration (BMA) 28 Clinic. The specific objectives of the project were:

- » To identify barriers to uptake of HCT services among MSM in Bangkok
- » To evaluate the impact on service utilization after the implementation of quality improvement activities
- » To disseminate the results of the assessment to MSM service organizations for replication at other sites in Thailand

Baseline assessments of these clinics identified necessary infrastructure improvement, capacity building needs and monitoring and evaluation system improvements. Focus group discussions amongst service providers and target populations identified key barriers to service uptake that included low risk perception, limited service promotion by sites within the MSM community, limited MSM knowledge about what services were available, perceived discriminatory attitudes of clinic staff towards MSM and inconvenient operating hours. A summary of baseline tools and methods is listed in the table below.



<b>HCT Demonstration Project: Evaluation Tools</b>		
<b>Tool</b>	<b>Key issues</b>	<b>Method</b>
<b>Facility questionnaire</b>	Staffing, training, service availability, service costs, facility layout, clients served, data management, outreach and advertising, guidelines and policies	Interview, observation
<b>QA/QI clinical facility and services assessment</b>	Compliance with standards around: general management, administration and operations, infection control, laboratory, and pre-post HIV test and follow-up counseling	Interview, observation
<b>Key informant interview guide</b>	Challenges and other barriers, opportunities, opinion, expectations, experiences	In-depth interview
<b>Focus group discussion guide</b>	Barriers to counseling and testing service uptake, service expectations and desires. HCT experiences	Group discussion
<b>Client satisfaction survey questionnaire</b>	Service received, satisfaction, topics/ issues discussed, comments and suggestions	Voluntary and anonymous survey
<b>Beliefs and attitudes survey questionnaire</b>	HCT experiences, expectations, barriers to service uptake, knowledge, risk perception.	Voluntary and anonymous survey

FHI 360 worked closely with the TRC and the BMA 28's STI clinic to develop and implement service improvement strategies and staff capacity building plans, and the establishment of rapid HIV testing with same-day results and same-day STI check-up for MSM at each clinic. This included assisting both clinics to improve and promote men's health services beyond those relating to HIV and



Dedicated website established to promote 'MSM friendly' counseling and testing services at HCT demonstration project sites

STIs, delivering a comprehensive training package focusing on MSM-specific needs to clinic staff and implementing communication strategies for the promotion of services in collaboration with local MSM community groups such as SWING, RSAT, the POZ Home Center and Bangkok Rainbow.

Assessments showed that at both sites, the uptake of packaged services was high and MSM uptake of both packaged and HCT services improved but not significantly. TRC saw an increase of 17% and 18% for HCT and packaged services, respectively, and at the BMA site, HCT demand increased by 54%. However, at the BMA 28 clinic, the absolute number of MSM seeking services remained low. Discussions with staff indicated that this could be due to inconvenient operating hours, movement of MSM-friendly staff to other clinics, and limited numbers of MSM in the clinic's catchment area. In addition to above, the services at both clinics seem to be interrupted by political situation during that time. Final assessment of the project also revealed that providing training to raise awareness of MSM-specific sexual health and sexuality needs as well as counseling strategies to address these improved provider confidence in delivering services and that this may also have led to an increased number of male clients disclosing their sexual behaviors. Results from the client satisfaction survey indicated that the majority of respondents were satisfied with the services they received and they would use the clinic's service again and while there was no statistically significant increase in service uptake over the life of the project, there were spikes in uptake each time a major community-based promotional event or activity was launched, indicated the importance of proactive service promotion in increasing testing coverage.

The HCT Demonstration Project informed subsequent scale up in both Chiang Mai and Pattaya under the VCT Pilot Project. More details from both pilot projects are included in the activity documentation.



*Integrated Behavioral Biological Surveillance 2008*

## ***Supporting National HIV Surveillance Systems: Second Generation Surveillance in Laos***

Under the TASC3 RDMA project, FHI 360 provided technical assistance and capacity building to the Laos Centre for HIV/AIDS/STI (CHAS) and the Laos Provincial Committees for the Control of AIDS (PCCAs) to strengthen their capacity for strategic information and surveillance data management and analysis.

FHI 360 has been providing surveillance-related technical assistance to CHAS and PCCAs since it supported the first size estimation and the first round of HIV, STI surveillance survey among FSW in 2001 under a previous USAID project. In 2004, FHI 360 provided technical support and capacity building to CHAS and PCCAs to conduct the second generation surveillance 2nd round on HIV, STI and behavior among FSW and clients. Under RDMA TASC3, FHI 360 built on this previous work, providing technical assistance and capacity building to CHAS and PCCAs.

Activities included trainings on data management, analysis and dissemination, as well as design and implementation of population size estimations, integrated behavioral biological surveillance (IBBS) and behavioral surveillance survey (BSS) among FSWs, clients and MSM. These included:

- » 3rd round IBBS among FSW and clients in 2008 covering four hot spot provinces (Luang Prabang, Vientiane, Savannakhet and Champasak) and in 2 pre-hot spot provinces (Borkeo and Luang Namtha);
- » 2009 IBBS among MSM in Luang Prabang;
- » 2009 BSS among FSW covering Vientiane, Borkeo, Luang Namtha, Saravane, and Attapeu;
- » 2011 IBBS among FSWs.

FHI 360 facilitated the dissemination of survey results at different fora, resulting in greater availability of reliable data to influence policy change, and to improve and increase national epidemic responses and sustainable increases in local skills and capacity in Lao PDR.

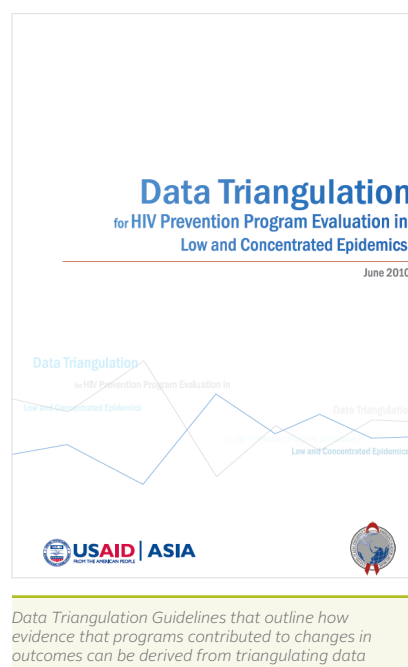
### ***Technical Assistance on Monitoring and Evaluation to Cooperating Agencies in Burma***

USAID RDMA requested that FHI 360, as the lead technical assistance provider for HIV/AIDS, assess the USAID RDMA Cooperating Agencies' care and support programs in Myanmar and provide recommendations on programmatic content and the strengthening of monitoring linkages between prevention and care services. In FYO9, FHI 360 conducted assessments of the care and support and home-based care programs of Pact, PSI and AIDS Alliance and their DICs and CBOs in Mandalay and Yangon and looked specifically at strengthening monitoring linkages between partners and their prevention and care services. The monitoring and evaluation component of these assessments covered data collection, data quality assessment (DQA), data reporting, standard care and support indicators and the M&E process and indicators associated with referrals. For each USAID partner care and support program, recommendations on improving their M&E and further technical assistance for implementation were provided.

### ***Driving the Regional Strategic Information Agenda***

Under the regional program, FHI 360 coordinated and organized consultations, meetings or workshops on key regional strategic information issues. As access to ART has increased, so has the need to assure that systems are in place to report on outputs and outcomes in a timely manner. Such data are vital to ART programs, to assist in tracking progress towards achieving global goals and to inform the day to- day implementation of treatment programs.

Acknowledging the need to share experiences and lessons learned in using ART data for efficient program strengthening and improved patient treatment and raising awareness about key challenges related to ART program monitoring, the USG, World Health Organization (WHO), FHI 360 and other partners organized the first "Regional Workshop on Strengthening ART Data Use in Asia and the Pacific: Examples from USG, National and Multilateral Partners" in Bangkok, Thailand from 18-19 May 2009. Nearly 80 national and international experts representing national, academic, donor and nongovernmental organizations (NGOs), presented lessons learned and discussed the specific challenges faced in most resource-poor settings throughout the region. These presentations and discussions catalyzed a joint action plan to be taken on board by donors, national governments and other stakeholders working in this field.

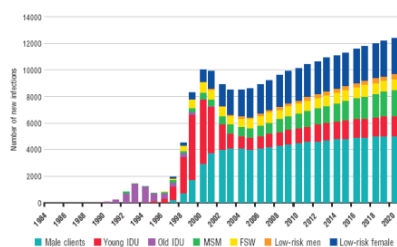


## Strategic Information Tools and Methodology Development

While HIV prevalence in the region is lower than in some other regions, the HIV epidemics in Asia pose special challenges because they are diverse, rapidly evolving, and concentrated among MARPs who, because they often suffer high levels of stigma and discrimination, are difficult to identify and access. Moreover, MARPs interventions often do not feature strongly in country national HIV/AIDS strategies, and resource limitations frequently require country programs to focus more on treatment than on prevention, which is a key entry point for care and support. This situation not only makes it challenging to design and implement HIV prevention programs, but to evaluate the effectiveness of those programs as well. Data routinely collected as part of local and national level M&E and surveillance systems can be synthesized and triangulated to provide evidence of program success. In the absence of evaluation studies (that are difficult to implement as part of routine program evaluation), it is not possible to establish definitively whether programs have caused changes in outcomes, however by triangulating data it is possible to examine the evidence that programs contributed to changes in outcomes. Since FY08, FHI 360 has promoted the documentation, use and dissemination of this methodology through the development of 'Data Triangulation for HIV Prevention Program Evaluation in Low and Concentrated Epidemic Guidelines' and the delivery of associated trainings or representation at key fora.

Using case studies from Asia, the guidelines are a practical guide for program managers and evaluators on how HIV surveillance can be used in the process of evaluating HIV prevention programs in low and concentrated epidemics and illustrate how to measure progress toward the goal of reducing HIV transmission.

The framework presented in the guidelines was used for the evaluation of HIV programs in India. FHI 360 developed and implemented a training on surveillance, data and triangulation evaluation at the training workshop on "Best Practices for HIV Surveillance in Asia Region PEPFAR Countries" in Shanghai, China in December 2007.



Outputs of an AEM model of an Asian HIV epidemic illustrating new HIV infections by at risk population groups

The Asian Epidemic Model (AEM) is a process model that mathematically replicates the key processes driving HIV transmission in Asia. In FYO8 and FYO9, FHI 360 supported the East-West Center (EWC) in its improvement of the AEM and associated tools for policy analysis. These improvements included the addition of higher and lower risk MSM, and orphan and affected children modules, the simplification of user interfaces and the integration of AEM with Goals, a costing tool, allowing analysis of the impact of policy, program and resource allocation decisions on HIV epidemics. These tools were subsequently applied in a number of countries in the region in support of the promotion of effective HIV-related policies and appropriately targeted and resourced HIV programs under the A<sup>2</sup> Project. In addition, the tools developed in the A<sup>2</sup> project were the basis of the analytic work of the Commission of AIDS in Asia.

In support of the HCT demonstration project, FHI 360 also collaborated with the AIDS Research Center/TRC in developing a database to improve HCT/STI services for MSM.

### **Continued Challenges and Recommendations for Further Action**

FHI 360 has further developed and maintained the experience and expertise to convene partners and catalyze action around key regional strategic information issues. Technical assistance needs remain to foster better data use, at policy level but also at program level with the use of routine program data to improve the quality of programming. Programmatic strategic information initiatives should also move beyond program monitoring to integration of more systematic evaluation of programs and towards evaluation of impacts and determining actual outcomes of the 'efforts' of programs.

The needs that prompted such initiatives as A<sup>2</sup> remain and efforts to ensure that accurate pictures of the national and subnational HIV situation are developed and that this strategic information is directly linked to policy and program planning, processes and organizations should be ongoing. Data analysis tools that support evidence-based policy and program development should be further simplified for wider application.

There remains a continued need and demand for strategic information-related technical assistance in the region, from monitoring and evaluation (M&E) and data quality assessment (DQA) support to local NGOs and CBOs, to surveillance system support to national and government partners. Further operations research is necessary in order to ascertain the effectiveness and applicability of various models, approaches or interventions in the countries and settings of the region.

## 2 ACCESS TO COMPREHENSIVE PREVENTION INTERVENTIONS FOR MARPs INCREASED

The USAID strategy under the RDMA project has been the development of a comprehensive package of prevention services (including behavior change communications, condom distribution, and HCT and STI clinical services) which focuses limited resources on those most at risk of being infected or transmitting HIV to others so as to avert the maximum number of new infections. A key issue for scaling up the CPS has been the need to address the persisting low uptake by MARPs of clinical services such as HIV counseling and testing and STI screening and treatment. The FHI 360 Regional Program has worked to strengthen HCT uptake in Thailand and to improve the provision of STI services for MARPs in Laos, Burma and Thailand.

### ***Innovative MSM and TG Friendly HCT Service Models with Rapid HIV Testing and Same Day Results***

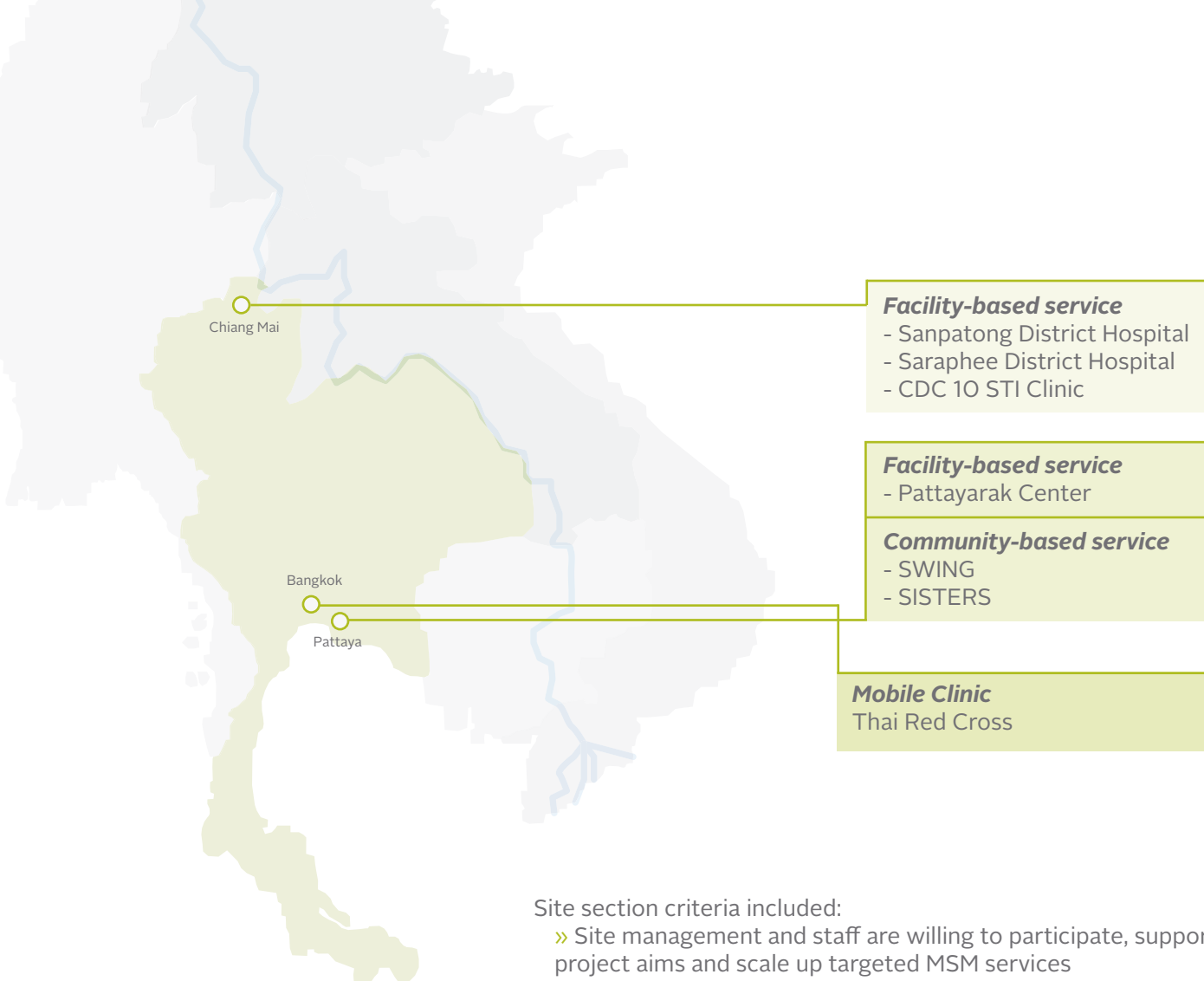
Access to voluntary, anonymous HIV counseling and testing is relatively widespread in Thailand; however, uptake of these services has been low, particularly among MSM. Operational research conducted by FHI 360 indicated that key barriers to HCT uptake included the perception that services are inconvenient and that staff do not understand MSM lifestyles and needs, concerns about breaches of confidentiality, and fear of discrimination. Additionally, Thailand employed a three-test algorithm with screening and diagnostic tests performed in different locations. This entails significant delays in receiving post-test results and counseling, and a substantial proportion of clients do not return for their results.

To address these barriers and build on previous experience, the HCT Demonstration Project was expanded as the VCT Pilot Project in Bangkok, Chonburi and Chiang Mai in 2010. Implemented in partnership with Pact Thailand, TUC, provincial health authorities, CBOs and service providers, the objectives of this project were:

- » to reduce access barriers and increase uptake of HCT services among MSM/TG
- » to promote high-quality HCT services for MSM/TG through innovative community-based models for the promotion, referral and delivery of the HCT services
- » to pilot the use of rapid HIV testing with same-day results delivered in community-settings or by community-friendly sites and,
- » to monitor, evaluate and document the most effective models of HCT.

Based on predefined selection criteria and the intention to select a mix of hospital-based, clinic-based, mobile and community-based sites, three testing sites in Chiang Mai, three testing sites in Pattaya and one site in Bangkok were selected:



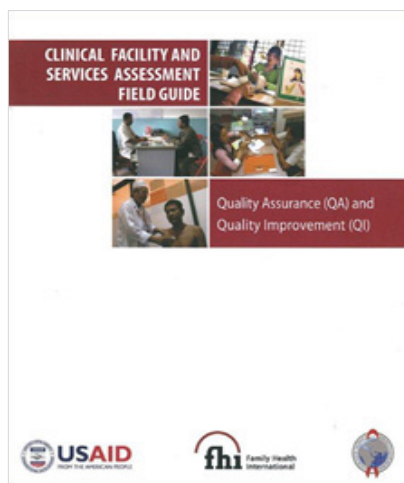


Site selection criteria included:

- » Site management and staff are willing to participate, support project aims and scale up targeted MSM services
- » Site management and staff agree to be observed, and can collect and compile data in accordance with the project's data forms
- » The site commits to sending participants to each training that meet training criteria for participation.
- » The site infrastructure is adequate to carry out services and does not require a large amount of infrastructure development.

Utilizing the VCT 'Clinical Facility and Services Assessment Package' and QA/QI checklists, baseline assessments of VCT services and their clinical management, counseling, infection control and laboratory operations were conducted by FHI 360 in each of the participating sites.

Site improvement measures were undertaken that included infrastructure improvements (e.g., ensuring private counseling areas), referral system improvements (e.g., integrating reminders and prompts through job aids), changes to client flow, alterations



*The VCT Clinical Facility and Services Assessment Package used for baseline assessments of project sites and developed and finalized with USAID funding in 2008*



*MSM and TG specific VCT training for service providers at participating sites*

to service hours to suit the target population's availability and the delivery of the MSM/TG-specific VCT training package to key staff by FHI 360. A total of 110 facility and CBO staff received a comprehensive training package that included MSM Sensitivity and Awareness (S&A), VCT for MSM and TG, Psychosocial Care and Support and One-to-One Communication on HIV Rapid Testing. Deliver of these trainings resulted in statistically significant changes in provider knowledge on HIV Testing and Counseling for MSM and TG and changes in service provider confidence to provide HIV counseling and testing services to MSM and TG. In addition, FHI 360 responded to a request from the Chiang Mai PHO and delivered MSM S&A training to 40 facility staff from 33 government health facilities.

Under the VCT Pilot Project, particular attention was paid to establishing community-based services at Sisters and SWING, and ensuring their quality of service provision. FHI 360 developed SOPs for community-based services that were applied by CBO site staff to support the delivery of quality community-based VCT services. This SOP was also adjusted to fit within the context of mobile VCT services and was used for quality assurance of mobile VCT services at TRC and Sarapee Hospital.

Following the development of these SOPs, FHI 360 laboratory and counseling staff conducted 'dry runs' of service implementation at the two community-based testing sites in order to assess and make any necessary adjustments to service provision prior to full implementation. These dry runs consisted of reviews of facility management, client flow, client coding, service-related forms, HIV rapid testing procedures, and role plays on counseling and HIV testing. Quality of service delivery at community sites was maintained through regular communications and technical assistance visits through the life of the project.

Due to resource limitations, FHI 360 leveraged non-USAID funding to ensure that FHI 360 laboratory staff provided additional support to the maintenance of quality community-based testing services, by conducting External Quality Assurance System (EQAS) of HIV rapid testing in the project's community based sites.





# Clinic Network

CHANGE | บริการ | ปรึกษา | ดูแลทางเพศ | ตรวจพบเชื้อ | กักตัว | ควบคุมเชื้อเชื้อ

## ยินดีต้อนรับ

### สู่แหล่งความรู้เกี่ยวกับสุขภาพทางเพศ

หากพบปัญหาหรือต้องการสุขภาพทางเพศที่ดี  
ขอแนะนำบริการ

### เที่ยววันวันเป็นชีวิต

เว็บไซต์นี้เป็นแหล่งรวมข้อมูลความรู้เกี่ยวกับสุขภาพทางเพศ รวมทั้งปัญหาสุขภาพทางเพศ ที่สามารถพบเจอได้หลากหลายทางเพศ โดยเนื้อหาในเว็บไซต์จะเน้นไปที่การดูแลสุขภาพทางเพศ การป้องกันโรคติดต่อทางเพศสัมพันธ์ การตรวจพบเชื้อ HIV และการควบคุมเชื้อ HIV

หากพบปัญหาหรือต้องการสุขภาพทางเพศที่ดี ขอแนะนำบริการ



### กรุณาเปลี่ยนผ้าปิด

เว็บไซต์นี้เป็นแหล่งรวมข้อมูลความรู้เกี่ยวกับสุขภาพทางเพศ รวมทั้งปัญหาสุขภาพทางเพศ ที่สามารถพบเจอได้หลากหลายทางเพศ โดยเนื้อหาในเว็บไซต์จะเน้นไปที่การดูแลสุขภาพทางเพศ การป้องกันโรคติดต่อทางเพศสัมพันธ์ การตรวจพบเชื้อ HIV และการควบคุมเชื้อ HIV

หากพบปัญหาหรือต้องการสุขภาพทางเพศที่ดี ขอแนะนำบริการ

In support of VCT service provision, FHI 360 led the development and implementation of a communications plan that aimed to increase service uptake among MSM or TG in Bangkok, Chiang Mai and Pattaya. Initially, a formative assessment was conducted to gather inputs from community members and service providers on using, accessing or delivering VCT services, barriers to HCT, sources of information on VCT services and communication approaches for encouraging service uptake. In total, eight focus group discussions involving 65 participants and nine in-depth interviews were held. Following the formative assessment, an SBC strategy workshop was held in Bangkok. This workshop was attended by 15 participants from 15 participating organizations.

Cyberfish Media were engaged to lead implementation of the communication plan comprised of the following communications activities:

» **Video Series:** twelve episodes of a video series called 'Hunk House' were launched on YouTube, the Pink Mango TV channel and Pink Mango website. This series focused on the life style and relationships of MSM, and incorporated health and VCT service information. The series received at least 160,000 views on YouTube and over 7,000 views of clips of the health care provider discussions. In addition, 120 DVD copies of the whole video series were produced and disseminated to participating sites and organizations.

» **Brochures and referral cards** containing participating project site details, including location, service hours and contact numbers were designed, printed and 5000 distributed to service sites and supporting CBOs. This brochure was used in outreach activities and events organized by sites and CBOs.

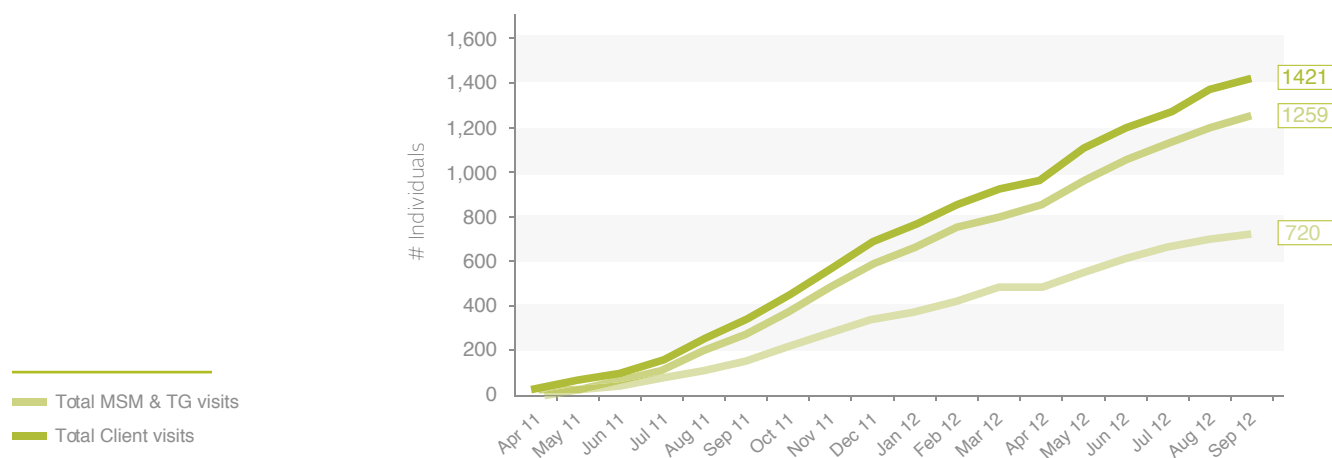
» **Website:** Content on the VCT project, participating site information and men's health information was developed and uploaded onto a new project website ([www.clinicnetwork.org](http://www.clinicnetwork.org)).

» **SMS headline service:** One SMS per week over a period of 3 weeks were developed and disseminated to 1,800 mobile telephone numbers obtained through Cyberfish's database and web-boards on various MSM-related websites. The content of these SMS's included information on VCT clinics and services, the project website and health-related information.

» **Social media:** A Facebook fan page of Pink Mango TV featured clips of the ‘Hunk House’ series. The clips were also promoted via Hunk House actors’ Facebook pages. Additionally, Facebook ads were purchased and banners on high traffic gay websites were purchased to draw attention to watch Hunk House.

These combined efforts of project partners and technical assistance from FHI 360 facilitated the establishment of community based services, improved quality of service in all seven sites and the increase in uptake of HCT services at participating sites: by the end of the project in 2012, over 1,200 MSM and TG accessed HIV testing and counseling services at project sites.

*Total number of visits and number of MSM/TG attending clinic first time for VCT, over time across all VCT Pilot Project sites*



Source: Data from tear-off sheet and TRC Mobile Clinic database.

Note: Data from TRC Mobile Clinic is not included in the new MSM and TG (green) line.

### **Improving STI-related services for MARPs in Laos, Thailand and Burma**

In FY09 FHI 360 provided extensive technical assistance in support of improving the quality of STI services for MARPs in Laos, Myanmar and Thailand. FHI 360 worked with the Laos Centre for HIV/AIDS/STI (CHAS) to revise national STI guidelines in Laos and facilitated refresher trainings for care providers on STI clinical service provision for FSWs in Vientiane and three other provinces: Luang Prabang, Savannakhet and Champasak. In Burma, FHI 360 worked with PSI, Alliance and STI clinic staff, through site visits and trainings to increase knowledge on current approaches for STI control, diagnostic approaches to STI, STI risk assessment and syndromic STI management for MSM and FSWs. In Thailand, as part of the HCT Demonstration Project, FHI 360 trained over 20 BMA and TRC ARC care providers and laboratory staff on STI diagnosis and management.

### ***Continued Challenges and Recommendations for Further Action***

Within the region there is a broad need to advocate for HIV prevention programs and services targeting neglected and most-at-risk populations and to build evidence in support of advocacy and scale-up of key interventions. Whilst true of most prevention interventions, this is especially so for access to VCT services for which coverage and uptake rates remain less than ideal across the region. Efforts associated with the HIV rapid testing scale up have highlighted the need and value of costing and cost-effectiveness information in support of advocacy and scale up of effective models of service delivery. The need for further work on defining MARP-friendly services and implementing them to scale remains.

After previously neglecting MSM, regional attention has shifted toward this high-prevalence population; however, the renewed focus on MSM comes at the risk of overlooking the need to sustain successes in preventing infections among FSWs and to curtail the continued epidemic among IDUs. This suggests the need for enhanced interventions and policy attention to FSW and IDU populations as well as perhaps further research into the characteristics of a 'community' that supports their empowerment. The establishment of improved links between CBOs, government and their policy platforms and processes would support community engagement in the delivery of services to their populations, and ultimately improved acceptability, accessibility and uptake.

Comprehensive and effective technical assistance models and approaches must continue to be developed and applied in support of scale-up and delivery of quality prevention services, and effective approaches to increased uptake of prevention services, such as peer driven interventions and VCT service provision linked to BCC strategies should be documented and expanded. There remains a need for technical assistance around STI prevention in order to ensure that standard and approved treatment approaches are applied consistently.

In line with increased focus on other significant public health issues (such as non-communicable diseases and neglected tropical diseases), and the need to look for efficiencies and synergies in the delivery of quality preventative interventions at lower cost, opportunities to move away from vertical programming towards the broader integration of public health issues and needs into HIV-related programs should be researched, tested and implemented.

## 3 ACCESS TO CARE, SUPPORT AND TREATMENT FOR PLHIV AND THEIR FAMILIES INCREASE

The RDMA Project recognizes the intrinsic link between HIV prevention for MARPs and services for PLHIV, who require life-long, comprehensive care support and treatment services. Access to these services can not only improve health outcomes and quality of life for PLHIV, but the availability of these services also galvanizes peer educators, provides incentives for MARPs to accept HIV counseling and testing, and can greatly reduce the likelihood of a PLHIV transmitting HIV to their partners. The FHI 360 Regional Program has prioritized strengthening care and support services, including referral linkages, for MSM and TG populations in Thailand and the region. FHI 360 has addressed this need by working closely with community organizations, governments and other development partners to improve care and support services. FHI 360 partnered with regional and international partners to host a regional forum bringing all levels of stakeholders together for the first time to discuss the HIV-related care and support needs of MSM in the region.

### ***Support for the Treatment and Care needs of IDUs***

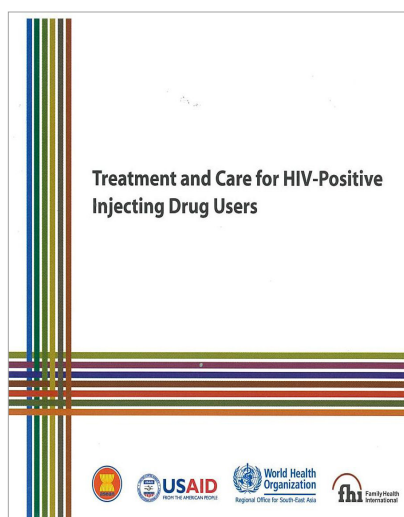
With technical assistance from FHI 360, the Association for Southeast Asian Nations (ASEAN) and WHO/Southeast Asia Regional Office (SEARO) approved the first joint FHI 360/ASEAN/WHO regional curriculum on Treatment and Care for HIV-positive Injecting Drug Users in FY08. This comprehensive curriculum, developed under the USAID–ASEAN HIV/AIDS Work Program in 2006 and 2007, was published and disseminated regionally in early 2008. High HIV prevalence among IDUs, their need for care, support and antiretroviral therapy programs and a lack of health-care provider and carer knowledge and skills in managing health problems of HIV-infected IDUs prompted its development.

The curriculum was also adapted and used in Thailand by a technical working group from Thanyarak Institute, Bangkok Metropolitan Administration (BMA), Thai Ministry of Public Health (MOPH) and other agencies.

### ***Convening Regional Partners on Key Care and Support Issues: The First Asia Regional Consultation on HIV Care and Support for MSM***

Despite rising high HIV prevalence among MSM and TG populations in the region, most countries in Asia and the Pacific spend less than 1% of their annual HIV budgets on programs that target MSM. Much of that funding is channeled towards HIV prevention among MSM leaving little resources to provide MSM with or refer them to critical care, support and treatment services. Recognizing the crucial need to scale up the provision of such services for MSM, USAID/RDMA and the United Nations Development Programme (UNDP) worked closely with FHI 360 to organize the first Asia Regional Consultation on MSM HIV/AIDS Care and Support in Bangkok, Thailand in 2009.

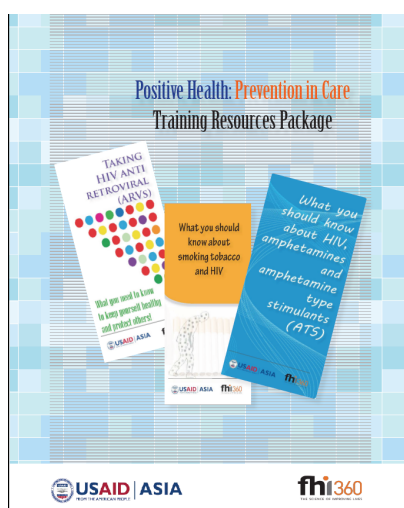




The joint FHI 360/ASEAN/WHO regional curriculum on Treatment and Care for HIV-positive Injecting Drug Users published and disseminated regionally in 2008



The first Asia Regional Consultation on MSM HIV/AIDS Care and Support organized by FHI 360, UNDP and other key regional partners in Bangkok, Thailand in 2009



The meeting was convened to develop next steps and recommendations on care, support and treatment services for MSM throughout Asia and the Pacific and focused on sharing the latest evidence, promising practices and lessons learned regarding community-based services aiming to enhance access to HIV testing and counseling, care, support, and treatment services among MSM sub-populations within the region. It was expected that information and recommendations shared by the Asia Regional Consultation on MSM HIV/AIDS Care and Support would support governments, donors, people living with HIV (PLHIV) groups, MSM communities, and international and local organizations to plan for, fund, and scale-up MSM-focused and MSM-friendly care, support and treatment services. Approximately 90 participants attended representing the MSM community, national governments, CBOs, international and regional NGOs, PLHIV regional networks, advocacy groups and bilateral and multilateral donors, from 15 countries in Asia and the Pacific region.

### **Addressing the HIV Prevention Needs of those Living with HIV: The Prevention in Care Resource Package**

In 2009 FHI 360 and USAID initiated the development of a regional trainer's resource package that aimed to address the health of HIV positive people and refocus prevention efforts towards those known to be infected with HIV. While there were a number of Prevention with Positive resources, few focused on specifically targeting sex workers, substance users, men who have sex with men and transgender. As such, the development of this resource package evolved into the development of a comprehensive training package for HIV clinical service providers working with MARPs in Thailand, which could be readily adapted to the Asia region.

Development of the 'Positive Health: Prevention in Care' resource package began in FY10. It was translated and field tested in FY11 and finalized and disseminated in early FY12. The resource package aimed to improve the technical capacity of clinical service providers working in HIV clinical settings to provide positive health and transmission risk reduction interventions to individuals living with HIV and to provide health service providers with the skills to maintain health and treatment efficacy on the delivery of HIV treatment care and support.

Positive Health: Prevention in Care

### ***Technical Assistance to USG Partners in Burma***

In FYO9, FHI 360 conducted assessments of the care and support and home-based care programs of Pact, PSI and the AIDS Alliance, their drop-in centers and other community-based organizations (CBOs) in Mandalay and Yangon. These assessments included mappings of service content, defining minimum packages of services, reviews of standard operating procedures, training curricula and referral mechanisms, and the provision of models of service delivery and resource materials.

### ***Continued Challenges and Recommendations***

HIV remains a critical public health priority in the Asia region though donors and governments have been placing increased focus on other public health issues. Opportunities to move away from vertical programming towards the integration of other public health issues and needs into HIV-related care and support programs should be explored and supported.

Better addressing the HIV prevention needs of MARPs living with HIV should remain a regional priority with the development and wider dissemination of tools such as the 'Positive Health: Prevention in Care' resource package, and direct assistance to service providers to ensure improved integration of HIV prevention messages and interventions into treatment, care and support programs. The implications for acute HIV infection and transmission on HIV treatment and care should be further explored.

Aside for advocating for the delivery of comprehensive packages of services, there remains a need to ensure the continuum of service delivery and care throughout the region, ensuring that following the establishment and delivery of key services, clients are not lost to follow up and these services are appropriately linked by robust referral systems across types of service providers and levels of service delivery, from government hospitals to community or home-based care. Continuum of care referral mechanisms should be strengthened with improved tracking of services and quality of care. Loss to follow up and treatment delay remain key issues in the region and other issues contributing to these should be investigated and addressed. 'Test and treat' approaches should be expanded



to MSM and TG populations. Service delivery models that improve quality of care, improve access and lower costs of delivery such as CHBC should continue to be expanded or investigated as such models are not applicable or effective in all settings. Sustainability through local organization implementation requires host country government buy-in as well as local capacity. FHI 360 has seen tremendous gains from consistent technical assistance provision with medium to longer term engagement, which has been possible with continuous USAID funding support spanning over five years.

## 4 ENABLING ENVIRONMENT STRENGTHENED FOR IMPROVED HIV/AIDS SERVICES

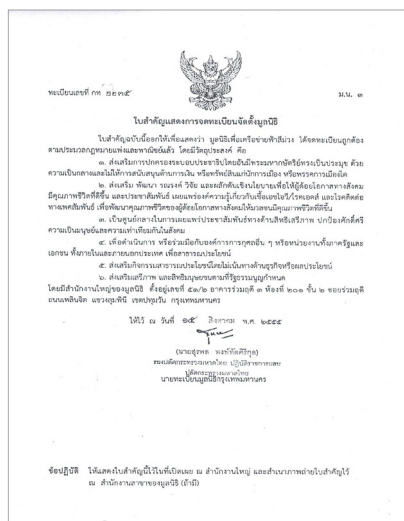
FHI 360 recognizes that the ability of the services included in the CPS model to make a real and lasting impact on the spread of HIV will be in part determined by the broader social, policy and regulatory environment in which those services are implemented. Therefore, under the RDMA project, FHI 360 provided technical assistance to help create an enabling environment for improved HIV/AIDS services in the region. This has included:

- » providing state-of-the-art capacity development opportunities and promoting regional coordination and linkages that allow for lessons to be learned and shared across Asia;
- » regional coordination furthering knowledge at the country level to foster effective community based responses; and
- » technical leadership for capacity building and policy development in a number of key areas including HCT for MARPs, strategic information and strategic behavioral change communication.

### ***Support to Subregional MSM and TG Networks: The Purple Sky Network***

High levels of HIV and STI prevalence, risky behaviors among MSM and TG populations, limited interventions, little or no involvement of CBOs and a paucity of advocacy efforts prompted the establishment of the Purple Sky Network (PSN) in 2006. The PSN is a network of six national and provincial technical working groups and one national MSM network (TWGs), advocating for HIV-related prevention and care priorities for men who have sex with men (MSM) and transgender people (TG) in the Greater Mekong Subregion (GMS). PSN works through local MSM networks and organizations in Cambodia, China's Guangxi and Yunnan provinces, Lao PDR, Myanmar, Thailand, and Vietnam to strengthen the response to HIV for MSM and TG communities. Its primary focus is on information-sharing and advocacy, and strengthening partnerships between government agencies, community organizations and international non-governmental organizations.





Confirmation Document of the PSN's Official Registration as a Foundation in Thailand

As an active participant in the regional consultative meetings that spawned the development of PSN, FHI 360 continued to support the PSN secretariat since its inception through USAID RDMA funds under the regional project. FHI 360 has invested in ensuring the development of PSN into a key advocate for MSM and TG issues in the GMS, providing on-going technical support and mentorship to PSN and serving as a representative on the PSN Regional Technical Board (RTB) as an elected technical expert.

Between 2008 and 2010, PSN contributed to raising the profile of MSM, TG, and HIV at country level through the establishment and strengthening of country TWGs. PSN supported community and government collaboration to reduce the impact of HIV and AIDS among MSM and TG, through the TWGs, the PSN Board and facilitated South-to-South Exchange. PSN has also provided key learning and skills-building opportunities for members of the TWGs, broader MSM and TG communities, government officials responsible for HIV-related programming, and INGOs.

From FY11 to FY12, through a subagreements with amfAR and the Coalition of Asia Pacific Regional Networks on HIV/AIDS Foundation (7 Sisters), FHI 360 supported the PSN's Community Leadership Development Program (CLDP), which aimed to identify future leaders to continue advocacy and promotion of efforts to work towards more inclusiveness of MSM and TG in the health policy dialogue. This two-year program provided a combination of mentorship, workshops, field visits, English language course, internships and advocacy support to eight selected leaders from the MSM and TG communities and related CBOs. The program was implemented in five Greater Mekong Sub-regional (GMS) countries namely Cambodia, China (Yunnan and Guangxi provinces), Lao PDR, Myanmar, and Vietnam.

In late 2012, with support provided under the regional program, the PSN completed its legal registration as a foundation in Thailand, a process deemed crucial to the organization's independence and sustainability.



Opening remarks by representatives of UNDP, USAID/RDMA, Department of Health Hong Kong and APCOM at the Action Planning Meeting of MSM and Transgender Populations Multi-City HIV Initiative, in Hong Kong, December 2010

### **City-level Mobilization to Address Local MSM and TG HIV epidemics: The MSM/TG Multi-City HIV Initiative**

The MSM/TG Multi-City HIV Initiative was implemented through partnerships between international organizations and networks including USAID, Hong Kong Department of Health, UNDP, UNAIDS, WHO, APN+, APCOM, FHI 360, U.S. CDC, Pact, HPI, amfAR and HIV/AIDS Alliance between 2010 and 2012. The aim of this initiative was to contribute to more effective HIV responses among MSM and TG in selected major Asian cities: Bangkok, Thailand; Chengdu, China; Ho Chi Minh City, Vietnam; Jakarta, Indonesia; Manila, the Philippines and Yangon, Myanmar. This was to be achieved through (i) city scans and analysis (ii) and action planning meeting and, (iii) implementation of city-level action plans.

The City Scans were conducted to identify positive examples of previous and current HIV interventions within each city in consultation with key city partners and stakeholders in HIV intervention for MSM and TG populations. The findings from the City Scans provided background information for city delegations from the six cities to develop city action plans at the Action Planning Meeting of MSM and Transgender Populations Multi-City HIV Initiative (or Action Meeting) at the end of 2010.

The Action Meeting was hosted by the Department of Health, Hong Kong and welcomed over 140 participants including city delegates from the participating six cities, regional partners from international organizations and regional networks and observers from partner organizations in Hong Kong and neighboring cities in mainland China. The city delegations were comprised of representatives from national and city-level government, local NGOs, international NGO and the private sector. Following the Action Meeting, the city action plans were implemented in each city by the city delegation with support from designated regional partners. Activities in city action plans drew on the resources of local partners. In Bangkok, the initiative supported municipal strategic planning through assistance for the development of the BMA 2012–2016 strategic HIV/AIDS plan. In Chengdu City, China it supported the gathering of strategic information through assessment of MSM CBO and health sector capacities, MSM HIV risk factors and the effectiveness of MSM-targeted interventions. In Ho Chi Minh City, the initiative supported building partnerships and an enabling environment through



*A plenary session at the Action Planning Meeting of MSM and Transgender Populations Multi-City HIV Initiative, in Hong Kong, December 2010*

consensus meetings with law enforcement representatives, women unions, district health centers, UN agencies, donors, and INGOs. Activities in Jakarta included sensitization of health personnel to MSM and TG needs and the development of MSM- and TG-friendly services. In Manila the focus was on resource mobilization and integration with national planning processes, and in Yangon the action plan supported the development of a national MSM network.

FHI 360 provided extensive support throughout the duration of the MSM/TG Multi-City HIV Initiative, coordinating regular meetings of the Steering and Planning Committees of the initiative, providing financial and logistics support to the implementation of the City Scans, managing logistical arrangements of the Action Meeting, contributing technical resource persons and facilitators, and following up on implementation of city action plans in the post meeting period.

### ***Integrating MSM and TG-related HIV Programming into Local Government HIV Planning: Strategic Planning Support to the BMA***

In 2011 and 2012, FHI 360 provided strategic planning support to the Bangkok Metropolitan Administration (BMA). Active engagement of MSM and TG communities in the development of Bangkok Metropolitan Administration's Strategic AIDS Plan 2012-2016 was included as an activity in the Bangkok Action Plan developed by Bangkok city delegates at the Action Planning Meeting in Hong Kong (see the MSM/TG Multi-City Initiative above). Following the meeting subsequent discussions with the BMA and other key partners, suggested the need to develop an MSM/TG HIV operational plan in support of BMA's 2012-2016 strategic HIV plan. FHI 360 coordinated a number of planning meetings to which MSM and TG-related CBOs and representatives of key organizations involved in MSM-related programming in Bangkok, including the BMA, UNAIDS, UNDP, USAID, UNESCO, and TUC were invited and actively contributed. Objectives, specific target populations and necessary interventions were discussed, the outcomes of which were fed into the BMA's operationalization of its strategic HIV plan.

### ***Technical Leadership and Participation in Global and Regional Fora***

With regional program funding, FHI 360 participated as one of the invited 20 advocates, researchers, and leaders in male sexual health at a meeting discussing the state of global advocacy on the HIV/AIDS-related needs of MSM; hosted by the Bill and Melinda Gates Foundation (BMGF) and the International AIDS Society (IAS) in Geneva, Switzerland in 2008. In February 2009, FHI 360 participated in the key WHO-supported regional Consultation on the Health Sector Response to HIV/AIDS among MSM and in June 2009 in the Regional Consensus Meeting on “Developing a comprehensive package of services to reduce HIV among MSM and TG populations in Asia and the Pacific”.

### ***Continued Challenges and Recommendations for Further Action***

Whilst much progress has been achieved, the continued high prevalence of HIV and risk behaviors among MSM and TG populations in the region and other factors that prompted the development of the PSN, suggest the need for continued support to an established and functioning network that advocates for MSM and TG-related HIV issues and mobilizes communities and develops capacities, coordination and cooperation around these issues. In the final year of the regional project, the PSN was registered as an independent organization able to directly receive donor funding however sustainability is far from certain and additional funding support will likely be required. The regional policy and enabling environment around FSW and in particular IDU-related HIV issues continues to be a challenge in the region that appears to receive less resources and lower levels of advocacy. The ending of the regional project might result in a regional advocacy gap on MSM and TG-related issues and suggests a continued need for a regional advocacy program that not only focuses on convening partners and driving discussions on key issues, but also seeks to collate evidence and experience across the region, and conduct implementation research as necessary.

While much of the RDMA project has focused on the development of institutional capacity of CBOs that support MSM and TG populations, community mobilization of all MARPs remains a priority need. Such mobilization should move further beyond service delivery to include better involvement in HIV policy development processes. Through the experience of FHI 360 support to BMA HIV-related strategic planning, a clear need for local government HIV policy development and strategic planning support can be seen. This experience also suggests the need, and a role for organizations such as FHI 360, to link MARP communities and the CBOs that represent them to local government strategic planning processes.

Experiences and initiatives such as the MSM/TG Multi City Initiative also suggest the value of specific approaches that focuses on addressing the HIV-related needs of urban MSM and TG, and engaging with organizations responsible for servicing these populations in urban areas. Whilst the MSM/TG Multi City Initiative has been successful in that it brought together multiple stakeholders to discuss MSM and TG HIV-related needs and interventions, and resulted in the development of action plans to address these in six urban centers of the region, its sustainability is not certain. There is no doubt of the need for such an initiative and the benefit of such an approach, however regional meetings should not be viewed as the end point of such initiatives and specific workplanning, time and resources should be designated by lead organizations for action in the post-meeting period. Replication, improvement and adaptation of this process to other cities in the region should be considered.

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## 5 EFFECTIVENESS OF USG-SUPPORTED PROGRAMS ENHANCED BY LEVERAGING WITH OTHER DONOR RESOURCES

As part of their strategy to strengthen the Regional Coordinating Secretariat (RCS) to assure effective and efficient operations, the PSN has been successful in leveraging additional financial support from Global Forum on MSM, amfAR/MSM Initiative, Levis Strauss Foundation and Australian Federal of AIDS Service Organizations (AFAO). In addition the Network also secured technical support from various organizations including HPI on the development of PSN Regional Information System on MSM and TG (PRISM). UNESCO provided technical support to develop the PSN website and provided editorial oversight of PSN newsletter, and Pact Thailand in collaboration with International HIV/AIDS Alliance undertook stakeholder and capacity analyses that informed the development of the current PSN directions.

To encourage participation of the country working groups, the PSN RCS launched an advocacy small awards program with additional resources from the amfAR/MSM Initiative and the Levi Strauss Foundation. This fund strategically leveraged USAID/FHI 360 funding to support country-level advocacy trainings and activities based on the results of data collection for the PRISM database. Recognizing that USAID/FHI 360 funding for PSN was ending, the RCS developed a resource mobilization plan and, subsequently, amfAR committed to filling the funding gap for six months, with prospects of additional funding from other sources.



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## CONCLUSION AND LESSONS LEARNED

FHI 360 has worked closely with regional-, national- and local-level government and non-government partners over the five years of the TASC3 RDMA project to provide focused technical assistance in support of HIV/AIDS services for MARPs, to develop and test models and tools in support of the delivery of such services, and to disseminate and advocate associated knowledge, experience and approaches.

As the 'Continued Challenge and Recommendations for Further Action' sections suggest, much remains to be done in support of HIV prevention and care for MARPs in the region and there are clear benefits and needs for regional approaches to certain issues. Regional-, national- and local-level government, non-government and community partners still have substantial technical assistance needs. Models and tools in support of improved scale up of CPS for MARPs in the region are still required. Comprehensive and effective technical assistance models and approaches must continue to be developed and applied in support of scale-up and delivery of quality prevention or care services. The VCT Pilot Project, PSN, A2 and the Multi-City Initiative are promising examples of replicable models that address real needs and that can be improved and adapted to other environments and for greater effect. Issues that require a regional platform for leadership, partnership, discussion, dissemination or advocacy remain numerous. There remains a need for regional advocacy that focuses on convening partners, driving discussion on key issues, collating evidence and experiences from across the region, and conducting implementation research as necessary.

But successful implementation of a regional program of this type especially requires strategic identification of the best use of limited resources and a sustained focus or reassessment of these needs throughout the duration of the project. The potential for such a regional program to drift and lack direction or cohesion is significant. And whilst technical assistance has been delivered, and capacity built, questions remain surrounding sustainability. It is at this stage unclear how continuing technical assistance needs will be addressed and by which donors or technical assistance providers. Whilst supported organizations have improved their technical and organizational capacities and some have successfully leveraged additional resources, this is not to the extent that after five years they could be confidently considered technically or organizationally independent. This suggests a need to better define sustainability related targets from the outset and to consider these key objectives on a par with those related to service provision.

## APPENDIX 1: REGIONAL PROGRAM IMPLEMENTING AGENCIES AND FUNDING BY FISCAL YEAR

Implementing Agency Name	Scope of Work	Funding by Fiscal Year (USD)					
		FY08	FY09	FY10	FY11	FY12	Total
The Foundation for AIDS Research (amfAR)	Regional Purple Sky Network Secretariat operations and coordination	180,712.90	142,712.05	95,439.80	116,873.07	35,159.05	570,896.87
East West Center (EWC)	Regional Support for Analysis & Advocacy project	147,673.09	124,481.64	44,325.34	N/A	N/A	316,480.07
Policy Research and Development Institute Foundation (PRI)	Thailand Analysis and Advocacy project	137,167.21	107,444.90	66,391.70	5,444.55	N/A	316,448.36
7 Sisters Coalition	Purple Sky Network Secretariat operations;  Community Leadership Development Program	N/A	N/A	N/A	N/A	91,422.97	91,422.97
<b>TOTAL</b>							1,295,248.27